

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		SEP 01 2006 RESP
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <u>I A D 1 0 0 0 1 2 2 2 1 6 5 3</u>		
3. Site Name (page 14)	Name: <u>Climax Molybdenum Company</u>		
4. Site Location Information (page 14)	Street Address: <u>2598 Highway 61</u>		
	City, Town, or Village: <u>Fort Madison</u>	State: <u>Iowa</u>	
	County Name: <u>Lee</u>	Zip Code: <u>52627</u>	
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u>331419</u>	B. <u> </u>	
	C. <u> </u>	D. <u> </u>	
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>P.O. Box 220</u>		
	City, Town, or Village: <u>Fort Madison</u>		
	State: <u>Iowa</u>		
	Country: <u>USA</u>	Zip Code: <u>52627</u>	
8. Site Contact Person (page 15)	First Name: <u>Scott</u>	MI: <u>A</u>	Last Name: <u>Ickes</u>
	Phone Number: <u>319-463-2224</u> Extension: _____		Email address: <u>sickes@phelpsdodge.com</u>
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>Climax Molybdenum Co.</u>		Date Became Operator (mm/dd/yyyy): <u>12/2/1999</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: <u>Phelps Dodge Corporation</u>		Date Became Owner (mm/dd/yyyy): <u>12/02/1999</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		



9. Legal Owner (Continued) Address	Street or P. O. Box: <u>One North Central Ave.</u>	
	City, Town, or Village: <u>Phoenix</u>	
	State: <u>Arizona</u>	
	Country: <u>USA</u>	Zip Code: <u>85004</u>

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities


Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D006	D008	D009	F003	V228	

[illegible]

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	GARY GLASGOW OPERATIONS MANAGER	08/28/06



Climax Molybdenum
A Phelps Dodge Company

Climax Molybdenum Company
P.O. Box 220
Fort Madison, Iowa 52627
(319) 463-7151

August 26, 2006

06ENV-038

US EPA Region 7
Air, RCRA, and Toxics Division
RCRA Enforcement and State Programs Branch
ARTD/RESP
901 N. 5th Street
Kansas City, KS 66101

REC'D
SEP 01 2006
RESP

Subject: Climax Molybdenum Company EPA RCRA ID# IAD000222653
Change of Site Contact Person Information

Dear Sir/Madam,

I have enclosed an updated EPA Form 8700-12, which reflects the new site contact information for our facility in Fort Madison, Iowa. In addition, I have included the correct NAICS code for our facility as well.

If you have any questions, please contact me at (319) 463-2224.

Sincerely,

Scott Ickes
Manager of QA and Environmental Affairs
Climax Molybdenum Co.